

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 9307  
Registrar's No. 2730Registration District No. 791 Primary Registration District No. 1003

## 1. PLACE OF DEATH:

- (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4946 Aldine Pl.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)3. (a) PRINT FULL NAME Sarah E. Keeran3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security  
name war. \_\_\_\_\_ No. \_\_\_\_\_4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Levi J. Keeran 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Aug. 13 1874  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
65 7 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jessie Eirls13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)14. Maiden name Unknown Bryant15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature A. L. Moore(b) Address 4946 Aldine Pl.17. (a) Removal (b) Date thereof 3-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sedalia Mo.18. (a) Signature of funeral director Drehmann-Harral(b) Address 1905 Union Blvd.19. (a) MAR 26 1940 (b) E. F. Cuddeback  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4946 Aldine Pl.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 25  
year 1940 hour 12 minute 05 P. M.21. I hereby certify that I attended the deceased from Mar. 18, 1940 to Mar. 25, 1940,  
that I last saw her alive on Mar. 25, 1940,  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Disease  
Chr. Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chr. Cholecystitis  
(Include pregnancy within 3 months of death)  
Unknown as to stones

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature Edward Welking (M. D. or other) M.D.Address 4963 Franklin Date signed 3/25/40

496 MacArthur Ave  
6-30 to 7:30

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.